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Associations Between Waiting Time and Patient Satisfaction Level at Tan Phu District Hospital in Ho Chi Mihn City, Vietham

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ASSOCIATIONS BETWEEN WAITING TIME AND PATIENT SATISFACTION LEVEL AT TAN PHU DISTRICT HOSPITAL IN HO CHI MINH CITY, VIETNAM

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Master of Science

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Entitled: *Associations Between Waiting Time and Patient Satisfaction Level at Tan Phu District Hospital in Ho Chi Minh City, Vietnam*

Has been approved as meeting the requirement for the Degree of Master of Science in College of Natural and Health Sciences in the School of Nursing

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ABSTRACT

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Waiting time for a patient at an outpatient department to see a doctor and completing the examination after registration was one problem in most countries and causes patient dissatisfaction. Long times for waiting leads to a reduction in timely treatment, overcrowding in the waiting area in the hospital, and is majorly unpleasant for any patient. Other factors that can contribute to waiting times are the layout of the medical facilities, the quantity and availability of medical equipment, and patient flow.

In Vietnam, a developing country in Southeast Asia, patients are facing an issue of patient overload in public hospitals, especially in central hospitals. Total waiting time was estimated at 104.1 minutes. According to 2018 survey results from Department of Medical Examination and Treatment under the Vietnam Ministry of Health (MOH), more than 20% of patients were not satisfied, focusing on waiting time problems for treatment.

This study assessed the length of outpatient waiting times, identified factors contributing to the long waiting times and associated factors that influenced patient satisfaction levels in the outpatient department in public hospitals at the district level (Tan Phu District Hospital), and suggested recommendations for improving the quality of services.

A non-experimental, exploratory field study approach was used to conduct this investigation. The study was prospective in nature and the data were primarily quantitative. Real-time data of 35 patients and selected patients' interviews were obtained by using a pre-existing standard survey tool issued by Vietnam Ministry of Health (2018). The completed questionnaires and patient waiting times between registration, being seen by the doctor, and completion of the doctor's visit were collected by the researcher. Then the data were entered and analyzed in the Statistical Package for the Social Sciences (SPSS). Then, the researcher captured the data and analyzed it using the SPSS.

Thirty-five patients were involved in the study and a majority of the participants appeared to be mostly satisfied, with several being very satisfied, with their care at Tan Phu Hospital in the outpatient setting. Among five evaluated criteria, the highest satisfaction rating was for behavior and professional competence of medical staff and, as a consequence, most of the participants would definitely come back or recommend the hospital to others. Waiting times to see the doctor were considered quite reasonable for walk-in patients in this study at a public outpatient setting in which 95% of participants waited less than 60 minutes.

Limitations for this study included a small sample size and collected data times. Thus, the study might not be representative of the whole patient population at Tan Phu Hospital. Future studies should expand to the entire day with a larger sample size to evaluate waiting times and patient satisfaction at Tan Phu hospital. Also, this study could be carried out at other district hospitals in the healthcare system in Vietnam.

Keywords: Patient satisfaction, waiting time, outpatient department, quality

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CHAPTER I

INTRODUCTION

Background and Significance of the Problem

With the development of technology and information, patients know quite clearly about their rights, needs, and expectations. In management of healthcare service delivery, the World Health Organization (2018), which supports health for all, provides tools to increase quality in healthcare services—in particular, patient satisfaction. Patient satisfaction is one important way to evaluate the quality of healthcare services and facilities (Mohamed et al., 2015). Patient satisfaction is a multidimensional concept that includes patients' perceived needs and their expectations and experiences of the healthcare system (Mardiah & Basri, 2013).

Vietnam is a developing country in Southeast Asia with a large population (97,685,464 million, in 2019 (Country Meters, 2019). It faces an issue of patient overload in public hospitals, especially in the central hospitals. Total waiting time was estimated at 104.1 minutes (Nguyen et al., 2018).

Waiting time for a patient is the total time a patient waits from his/her registration until he/she completes his/her examination and clinical investigation with medical staff. On the other hand, long times for waiting lead to a reduction in timely treatment, even for non-emergency services in Australian public health systems according to a study published by Naiker, FitzGerald, Dulhunty, and Rosemann (2018). Long waiting times

for a patient lead to overcrowding in the waiting area in the hospital and are majorly unpleasant for the patient. The primary issue of waiting time has been a problem in most countries and long waiting times causes patient dissatisfaction according to Preyde, Crawford, and Mullins (2012).

Statement of the Problem

The major problem has been the waiting time to see a doctor for a health examination. According to Nguyen (2015), the longest waiting time was 362.2 minutes. To improve the quality of care and reduce the waiting time for examination and treatment, the Ministry of Health (MOH, 2018) reviewed the quality of hospitals utilizing a survey of patient satisfaction at more than 1,300 hospitals. According to the survey results, nearly 80% of patients were satisfied with the quality of care and over 20% were not satisfied—long waiting time for treatment and hospital toilets (MOH, 2018).

Recently, the MOH (2018) held a conference to reduce the waiting time for examination and treatment and to suggest improvements for the hospital toilets. At the conference, the Health Minister expressed strong determination in solving both of these problems. According to the MOH's data, there were 1,336 hospital facilities in Vietnam at the end of 2017. Public hospitals of Vietnam are divided into three groups based on the levels of care and technical services: 38 national hospitals under management by the Ministry of Health, 492 provincial hospitals, and 629 district hospitals.

Study Purposes

This study's purposes were to (a) evaluate the length of outpatient waiting times, (b) identify factors contributing to the long waiting times and associated factors that influenced patient satisfaction levels in the outpatient department in public hospitals at

the district level, and (c) to suggest recommendations for improving the quality of services in the future.

Need for the Study

Almost all of the public hospitals in Vietnam are faced with a high workload for medical staff and patient overcrowding. These issues can lead to prolonged waiting time—one of the causes of patient dissatisfaction. The waiting time for patients has been defined as the length of time from the patient signing into the outpatient clinic to the time the patient received his or her prescription (McDonald & Blignaut, 1998). According to Al-Harajin, Al-Subaie, and Elzubair (2019), excessive waiting time for outpatient departments appears to be related to three factors: the registration time, insufficient numbers of counter service staff, and an inadequate number of doctors (Abdullah, 2005). Other factors that can contribute to waiting times are the layout of the medical facilities, the quantity and availability of medical equipment, and patient flow (Abdullah, 2005).

Definition of Terms

Arrival time. The time the patient was recorded to have entered the hospital seeking a health consultation.

Consultation time. The time a patient spends receiving a consultation from a doctor.

Departure time. The time the patient completed and left the hospital with or without receiving health care or having been admitted to the hospital wards.

Outpatient. A patient who visits the hospital and leaves the same day immediately after treatment.

Patient flow. Describes the patients' movement through a set of sections from the time they walk into a medical facility to the time they are discharged by the health worker or the time they choose to leave.

Patient satisfaction. Patients are happy with their healthcare service—through their visit to the hospital, both inside and outside of the doctor's consultation room. Patient satisfaction is a key point in measuring the quality of care by improving the healthcare service.

Section waiting time. The time the patient spends waiting to receive a service at a specific service point within the clinic.

Service point. Various stations within the clinic where the patient receives a specific service.

Total waiting time. The sum of waiting times in all sections.

Waiting time. The length of time starting from the time the patient entered the clinic to the time the patient actually received his or her prescription (McDonald & Blignaut, 1998). In another words, this is the time the patient spends waiting to receive a service. This was measured as total waiting time and section waiting time.

CHAPTER II

LITERATURE REVIEW

Introduction

This chapter provides a comprehensive review of literature theoretically and empirically about waiting times and patient satisfaction with outpatient clinic visits, treatments and services.

Historical Background

A problem in most countries that causes patients' dissatisfaction has been long waiting times (Preyde et al., 2012). Long wait times lead to a reduction in timely treatment, even for non-emergency services. Reducing waiting time in out-patient departments (OPD) in primary care was one of the topics of interest that guided my search into the literature.

Development of Search Plan

The literature search was aimed at identifying key strategies that affect outpatient waiting times and patient satisfaction. The databases searched were Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane, Medline via EBSCO host, and PubMed. Titles, abstracts, and keywords such as "outpatient" AND "waiting time," "process" AND "improvement of waiting time in private hospital," AND "patient satisfaction" were used to search the databases. These searches were initially conducted in 2016 and have been updated continuously. Table 1 provides key words that

determined the related topics. After reviewing the titles, abstracts, and keywords, the full texts of articles relevant to the scope of the present study were retrieved. Articles were assessed based on the significant effect on outpatient waiting times and patient satisfaction. All articles chosen were in English.

Table 1

Research Results by Database before Scanning for Relevance

	Search A	Search B
Keywords	"Waiting time" AND "patient satisfaction"	"Process" AND "reducing of waiting time in primary care"
CINAHL	76	445
Cochrane	45	49
Medline via EBSCO host	582	0
PubMed	487	6

Synthesis of the Literature Review

Linder-Pelz (1982) posited five hypotheses related to determining satisfaction in healthcare services including occurrences, perception, value, expectation, interpersonal comparisons, and entitlement. She identified the relevant relationship between expectations and variances in satisfaction ratings. Patient satisfaction is a multidimensional concept and links to individual needs, expectations, and experience of care. Patient satisfaction is considered an important indicator for evaluating and assessing the quality of patient care services being provided by healthcare organizations (Mohd & Chakravarty, 2014)

Ware, Snyder, Wright and Davies (1983) presented eight components of satisfaction:

- Interpersonal manner features—the way healthcare providers interact with patients
- Technical quality of care—competence of healthcare providers and adherence to a high standard of diagnosis and treatment
- Accessibility in receiving medical care
- Financial—payment to health service
- Outcome/results
- Continuity of care
- Physical environment
- Availability of resources.

Measuring patients' satisfaction has many purposes: to evaluate healthcare services from the patient's point of view, to facilitate the identification of problem areas, and to help generate ideas toward resolving those problems if any (Harding et al., 2018). The study by Sun et al. (2017), which examined reducing waiting time and raising outpatient satisfaction in a Chinese public tertiary general hospital, showed a significantly negative correlation between waiting time of filling prescriptions and outpatient satisfaction toward pharmacy services. According to Ansell, Crispo, Simard, and Bjerre (2017), there was an effect on reducing waiting time by using an email consultation for patients and telephone calls for a follow-up consultation with patients.

The waiting time for a new outpatient gastrointestinal clinic appointment had previously decreased from 158 days to 74 days according to Selvig, Sewell, Tuot, and

Day (2018). Almomani and AlSerheed (2016) identified some root causes of the problems affecting patient flow: using the grade for assessment of all outcomes through evidence that includes recommendation, assessment, development, and evaluation. They did not count studies that evaluated interventions to improve capacity or to ration demand. Bailini et al. (2015) found the waiting time for outpatient physiotherapy was 22% lower in the year following the introduction of the STAT model. According to Suss, Bhuiyan, Demirli, and Batist (2017), waiting time and staff workload could be reduced by improving the handoff of information between clinical staff; implementing new process steps could improve patient flow without increasing resource levels. Appendix A provides a detailed analysis of research results by database.

Healthcare systems are complex structures so solving this problem was a challenge. External factors, including financial preference, could make change difficult. However, research could inform strategies that address some of the issues related to improving work efficiency. Process improvement would improve the efficiency of outpatient services, thus reducing waiting time and improving health outcomes.

The conceptual framework that underpinned this study was the Donabedian (2005) model; it provides a framework for examining health services and evaluating quality of health care (see Figure 1). According to the model, information about quality of care can be drawn from three categories: structure, process, and outcomes (Donabedian, 2005). Donabedian substantiated that structure measures have an effect on process measures, which in turn affect outcome measures (Raleigh & Foot, 2010). Outcome measures reflect the impact on the patient, demonstrate a result of improvement strategies, and evaluate if end goals were ultimately achieved (Donabedian, 2005).

Process measures are those that impact the way our systems and processes work to deliver the best outcomes (Donabedian, 2005). Structure measures reflect the internal attributes of the clinic/hospital such as staff, operating times, and over-all facilities (such as a hospital or clinic; Donabedian, 2005).

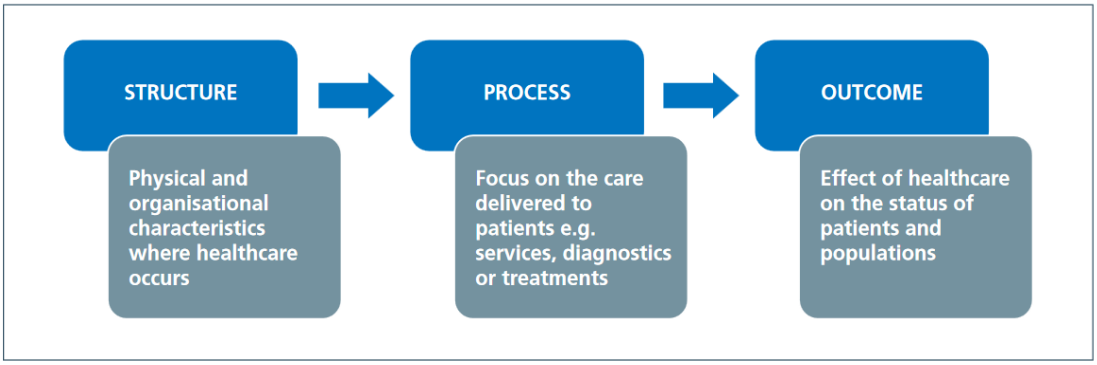

Figure 1. The Donabedian model for quality of care (ACT Academy, 2019).

CHAPTER III

METHODOLOGY

In this chapter, the methodology used to carry out the study is presented. Included are descriptions of the design, setting, sample, procedure, instruments, analysis, and ethical consideration. This study was approved by the Institutional Review Board (IRB) of the University of Northern Colorado (UNC) on May 30, 2019 (see Appendix B). Verbal consent was obtained from the participants before collecting any data.

Design

A non-experimental, exploratory field study approach was used to conduct this investigation. Such an approach was appropriate for the purpose of this study in order to assess the length of outpatient waiting times, identify factors contributing to the long waiting times and the associated factors that influenced patient satisfaction levels in the outpatient department of the Tan Phu District Hospital, and to suggest recommendations for developing or changing processes and structures for future health checks. The study was prospective in nature and the data were primarily quantitative.

Setting

This study was conducted from May 31 to June 13, 2019 at the Tan Phu District Hospital in the outpatient department. Tan Phu is one of 24 districts of Ho Chi Minh City. The Tan Phu district has an estimated population of about 443,000 people and the total area of this district is about 16 kilometers squared. This district is one of the most

populated with the highest population densities of Ho Chi Minh City. Examinations and treatment at this facility are always in high demand. Tan Phu District Hospital was specifically established to meet the demand of people in the area as well as surrounding districts. Tan Phu District Hospital is under management and direction of the People's Committee of Phu District, which guides the technical expertise of the Health Department. Tan Phu District Hospital is rated class II.

Tan Phu District Hospital has 400 beds with 352 medical staff including doctors, nurses, and office staff for two facilities. The hospital has been equipped with high technology machinery such as digital radiology imager, CT, ultrasound, ultrasound of the eye, endoscopic tube goal chemical, hematological, immunological tests, microbiology, and biochemistry. The hospital currently has four functioning rooms and 14 clinical departments provide service for patients in the district. In the first six months of this year, the hospital examined and treated 625,152 people; it has the capacity to use 70-80% of the hospital beds.

Sample

All patients (new and revisiting) were eligible to participate in the study if they visited the outpatient department at Tan Phu District Hospital seeking care at the clinic during the study period from May 31 to June 13, 2019. Patients needed to be over the age of 18, were able to understand the study protocol, and responded to the study questions were asked to participate in this study during this timeframe. The researcher also interviewed patients selected at random. Data from a total of 35 patients were extracted for the final analysis. The *Book for Survey Consulting Outpatient Department* was utilized (MOH, 2018; see Appendix C). This survey featured key areas of

assessment including accessibility, transparency of information and procedures for medical examination and treatment, patient impressions of facilities to service patients, behavior, professional competence of medical staff, and service delivery results such as assessment of the level of trust in the quality of the medical services and the level of satisfaction with the overall clinic experience.

Procedure

Eligible clinic subjects were identified at the time of clinic check in. Those interested and 18 years of age and older were enrolled in the study. Study subjects were asked to complete the *Book for Survey Consulting Outpatient Department* (MOH, 2018; see Appendix C). Measurements of three key timeframes were assessed: (a) amount of time spent from registration until consultation by a doctor, (b) amount of time spent in consultation with the doctor, and (c) the total amount of time spent in the clinic. Thus, the time spent at each step in the clinic process was considered for this study. Total amount of time spent in the clinic was a summation of those times. Times spent at the lab, pharmacy, X-ray, etc. were not considered for this study. Time to complete the study questionnaire was 15 to 20 minutes per patient.

Instrumentation

The questionnaire used for this study was the standard Ministry of Health's (2018) *Book for Survey Consulting Outpatient Department*. The purpose of this questionnaire was to collect data from patients in order to improve the quality of medical examination and treatment. Additionally, information about the satisfaction of the patients with the care received was collected. A standard watch that recorded time in seconds was used to measure the time intervals for this study.

Analysis

The completed questionnaires and the patient times between registration, being seen by the doctor, and completion of the doctor's visit were collected by the researcher. Then the data were entered and analyzed in the Statistical Package for the Social Sciences (SPSS).

Ethical Considerations

This study was approved by UNC's IRB on May 30, 2019 (see Appendix B). Additional ethical approval was obtained from the board of directors and the "ethics" committee of the Tan Phu District Hospital. Permission to conduct this study through the use of the study questionnaire was also obtained from the patient and the head of outpatient department (see Appendix D). The purpose of the study was also explained to patients and verbal consent was obtained from them as to whether they agreed to participate in the study or not. The study subjects were informed their participation was voluntary and refusal to participate would not jeopardize the care and treatment they received. No names were recorded and confidentiality was assured. This study was a no signature required study (see Appendix E). If the patient chose not to participate, he/she did not fill out and submit the study questionnaire to the researcher.

CHAPTER IV

DATA ANALYSIS AND RESULTS

The findings of this research are presented in the following separate sections. The data were collected through the use of the Ministry of Health's (2018) *Book for Survey Consulting Outpatient Department* (see Appendix C). The first section is a brief description of the demographic data from the study sample. The following six sections address accessibility, transparency of information and procedures for medical examination and treatment, facilities to serve patients, behavior, professional competence of medical staff, and service delivery results and time (registration, beginning consultation with the doctor, and the end time for the consultation).

Description of the Sample

The sample included 35 parturient subjects who were over the age of 18 and voluntarily completed the study survey. All 35 patients used their health insurance card for this visit. Twenty-five of the respondents were female and 10 were male (see Figure 2). Ages of the participants ranged from 44- to 79-years-old with a mean age of 61 and a median of 63 years of age. The distance from their place of residence to the hospital ranged from 1 to 10 kms with the mode being two kms (n = 13) with a secondary mode being three kms (n = 11). Thus, 24 of the study participants lived within three kms of the hospital.

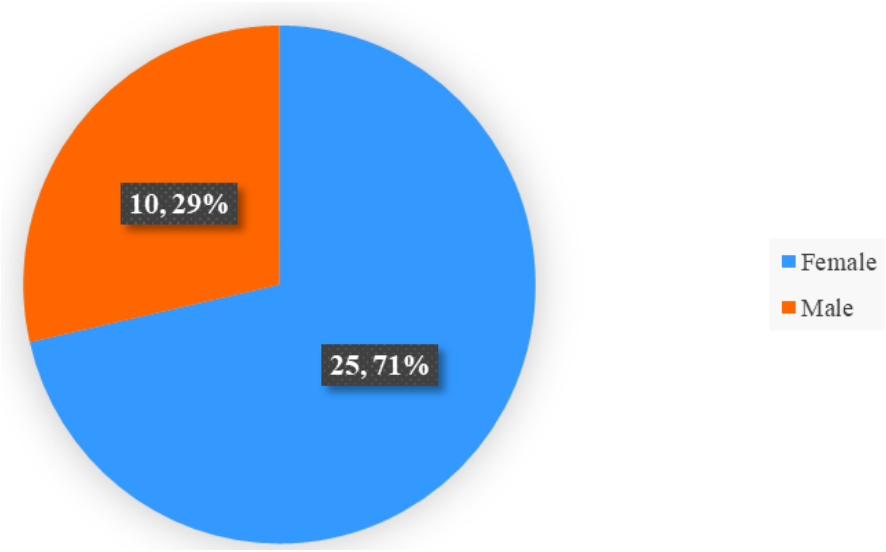

Figure 2. Percentage of gender.

Data Analysis

Accessibility

In this section, study participants were asked to assess clinic accessibility. Possible responses to each of the four questions were 1 = *Dissatisfied or Very Bad*, 2 = *Unsatisfied or Bad*, 3 = *Normal or Medium*, 4 = *Satisfied or Good*, or 5 = *Very Pleased or Very Good*. The results for Questions A1 through A4 of the survey are reported in Table 2 and Figure 3. All responses to the four questions in this section were considered to be positive (scoring 3, 4, or 5). Of note for this study, responses to Question A5 were not asked as this question was not applicable at this hospital setting.

Table 2

Accessibility

	N	*n*	%
A1. Signs and directions to the hospital are clear, easy to see and easy to find.	35	1	2.8
Normal or Medium		21	60.0
Satisfied or Good		13	37.1
Very Pleased or Very Good			
A2. Diagrams, signs showing directions to the departments and rooms in the hospital are clear, easy to understand and easy to find.	35	2	5.7
Normal or Medium		20	57.1
Satisfied or Good		13	37.1
Very Pleased or Very good			
A3. The blocks, stairs are numbered clearly, easy to find.	35		
Normal or Medium		3	8.6
Satisfied or Good		22	62.9
Very Pleased or Very Good		10	28.6
A4. The pathways in the hospital, the corridor are flat easy to go.	35	1	2.9
Normal or Medium		22	62.9
Satisfied or Good		12	34.3
Very Pleased or Very Good			

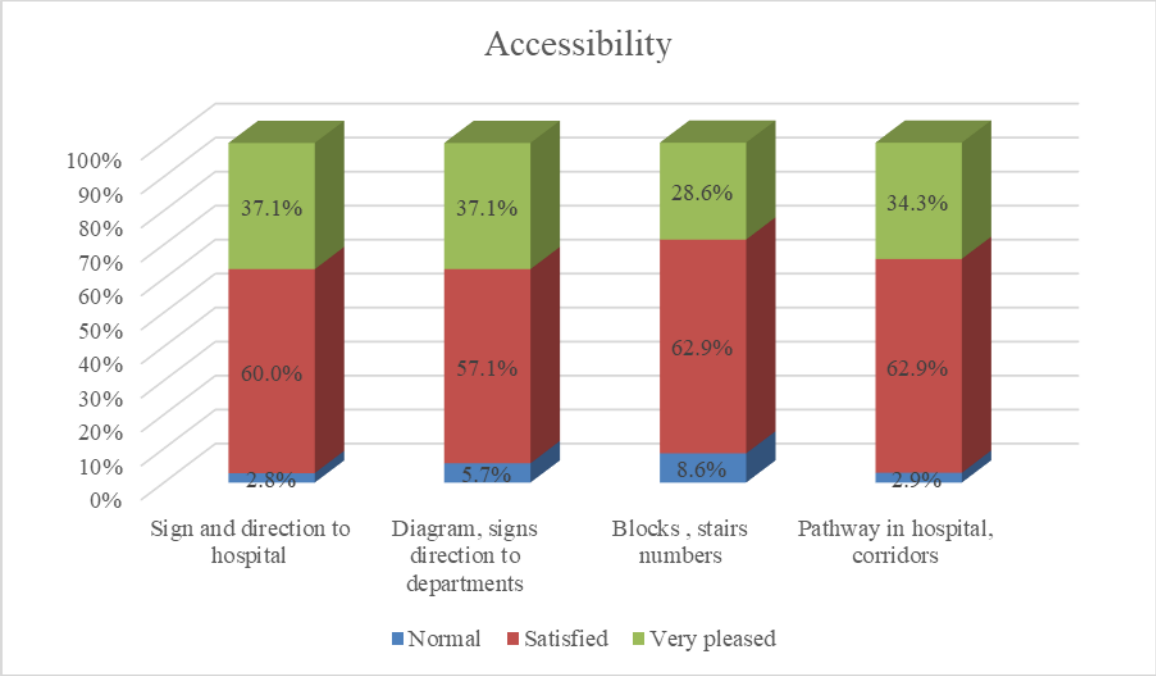

Figure 3. Percentage of accessibility.

Transparency of Information and Procedures for Medical Examination and Treatment

In this section, study participants were asked to assess the transparency of information and procedures for medical examination and treatment. Possible responses to each of the eight questions were 1 = *Dissatisfied or Very Bad*, 2 = *Unsatisfied or Bad*, 3 = *Normal or Medium*, 4 = *Satisfied or Good*, or 5 = *Very Pleased or Very Good*. The results for Questions B1 through B8 of the survey are reported in Table 3 and Figure 4. All responses to the eight questions in this section were considered positive (scoring 3, 4, or 5). However, in Question B2, 1 of 35 patients responded negatively, indicating he/she was unsatisfied with the process and procedures for medical examination being referenced simply and conveniently. Questions B9 and B10 of the survey that related to

the waiting time for testing and for receiving test results (x-rays, lab, etc.) were not used for this study.

Table 3

Transparency of Information and Procedures for Medical Examination and Treatment

	N	*n*	%
B1. The medical examination process is clearly, publicly and easily understood.	35		
Normal or Medium		1	2.9
Satisfied or Good		19	54.3
Very Pleased or Very Good		15	42.9
B2. The process and procedures for medical examination are referenced simply and conveniently.	35		
Was Unsatisfied or Bad		1	2.9
Normal or Medium		1	2.9
Satisfied or Good		20	57.1
Very Pleased or Very Good		13	37.1
B3. Clearly and publicly listed medical service prices.	35		
Normal or Medium		2	5.7
Satisfied or Good		19	54.3
Very Pleased or Very Good		14	37.1
B4. The medical staff welcomed and instructed the patients to do the affable and devoted procedures.	35		
Normal or Medium		3	8.6
Satisfied or Good		14	40.0
Very Pleased or Very Good		18	51.4
B5. Be lined up in advance order after completing the procedures of registration, payment, medical examination, examination and screening.	35		
Normal or Medium		3	8.6
Satisfied or Good		17	40.0
Very Pleased or Very Good		15	51.4
B6. Evaluate the waiting time for examination registration procedures	35		
Normal or Medium		6	17.1
Satisfied or Good		18	51.4
Very Pleased or Very Good		11	31.4
B7. Evaluate waiting time for doctor's visit	35		
Normal or Medium		3	8.6
Satisfied or Good		25	71.4
Very Pleased or Very Good		7	20.0
B8. Evaluate the time of examination and consultation by doctors	35		
Normal or Medium		3	8.6
Satisfied or Good		23	65.7
Very Pleased or Very Good		9	25.7

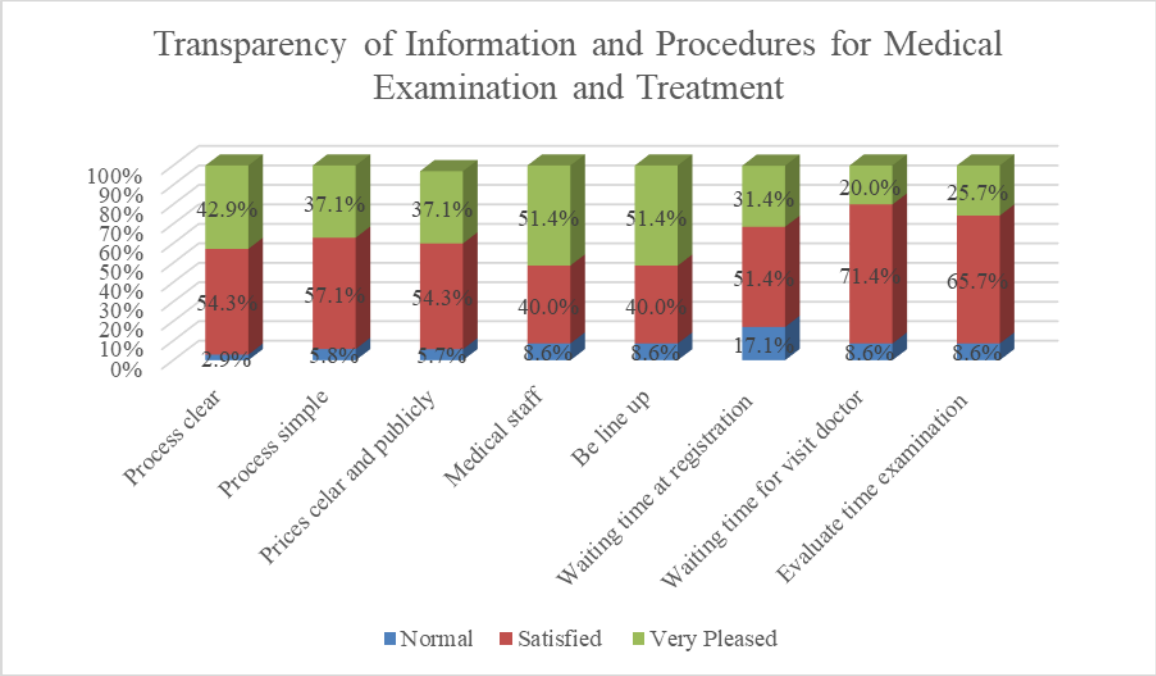

Figure 4. Percentage of transparency of information and procedures for medical examination and treatment.

Facilities to Serve Patients

In this section, study participants were asked to assess the facilities that served the patients. Possible responses to each of the four questions were 1 = *Dissatisfied or Very Bad*; 2 = *Unsatisfied or Bad*; 3 = *Normal or Medium*; 4 = *Satisfied or Good*; or 5 = *Very Pleased or Very Good*. The results for Questions C1 through C4 of the survey are reported Table 4 and Figure 5. Responses to Questions 1 and 3 of this section were all considered positive; however, responses to Questions 2 and 4 were also considered positive even though 1 of the 35 respondents assesses these questions as unsatisfied or bad.

Table 4

Facilities to Serve Patients

	N	*n*	%
C1. There is a room/lounge for a clean and airy examination in the summer. Airtight and warm in winter.	35		
Normal or Medium		5	14.3
Satisfied or Good		19	54.3
Very Pleased or Very Good		11	31.4
C2. Be assured of privacy during medical examination, x-ray examination	35		
Was Unsatisfied or Bad		1	2.9
Normal or Medium		4	11.4
Satisfied or Good		17	48.6
Very Pleased or Very Good		13	37.1
C3. Toilet convenient, good use, clean	35		
Normal or Medium		4	11.4
Satisfied or Good		19	54.3
Very Pleased or Very Good		12	34.3
C4. Environment in the campus of the hospital is green, clean and beautiful	35		
Was Unsatisfied or Bad		1	2.9
Normal or Medium		14	40.0
Satisfied or Good		15	42.9
Very Pleased or Very Good		5	14.2

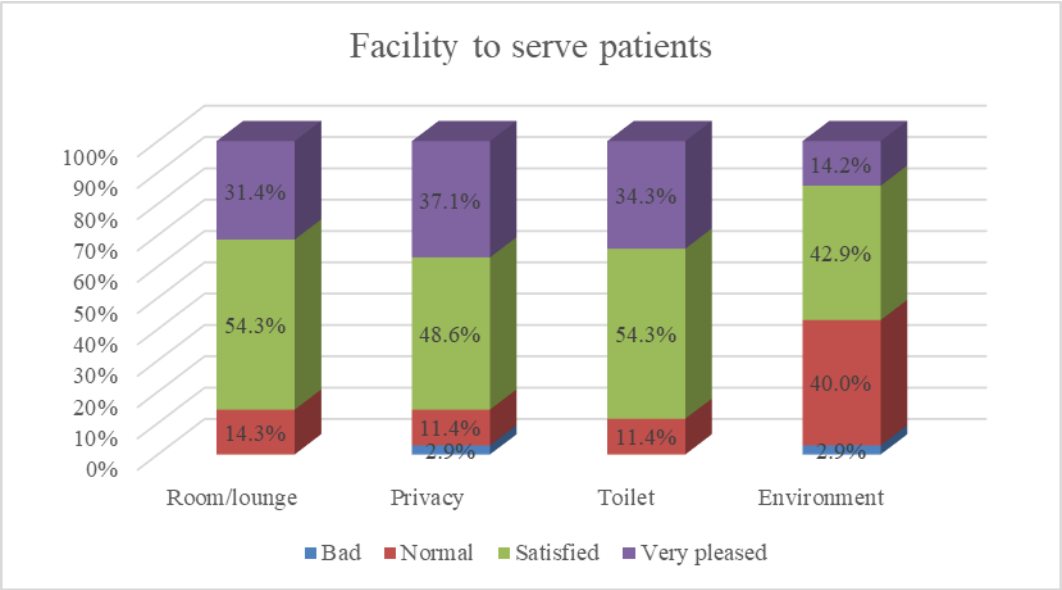

Figure 5. Percentages for facility to serve patients.

Behavior and Professional Competence of Medical Staff

In this section, the study participants were asked to assess the behavior and professional competence of the medical staff. Possible responses to each of the three questions were 1 = *Dissatisfied or Very Bad*, 2 = *Unsatisfied or Bad*, 3 = *Normal or Medium*, 4 = *Satisfied or Good*, or 5 = *Very Pleased or Very Good*. The results for Questions D1-D3 of the survey are reported in Table 5 and Figure 6. All responses to questions in this section were considered positive.

Table 5

Behavior and Professional Competence of Medical Staff

	N	*n*	%
D1. Health workers have the right words, attitudes and communication	35		
Normal or Medium		2	5.7
Satisfied or Good		18	54.3
Very Pleased or Very Good		15	40.0
D2. Be respected by medical staff, treat them fairly, care and help	35		
Normal or Medium		2	5.7
Satisfied or Good		20	57.1
Very Pleased or Very Good		13	37.1
D3. Professional capacity of doctors and nurses to meet expectations	35		
Normal or Medium		2	5.7
Satisfied or Good		19	54.3
Very Pleased or Very Good		14	40.0

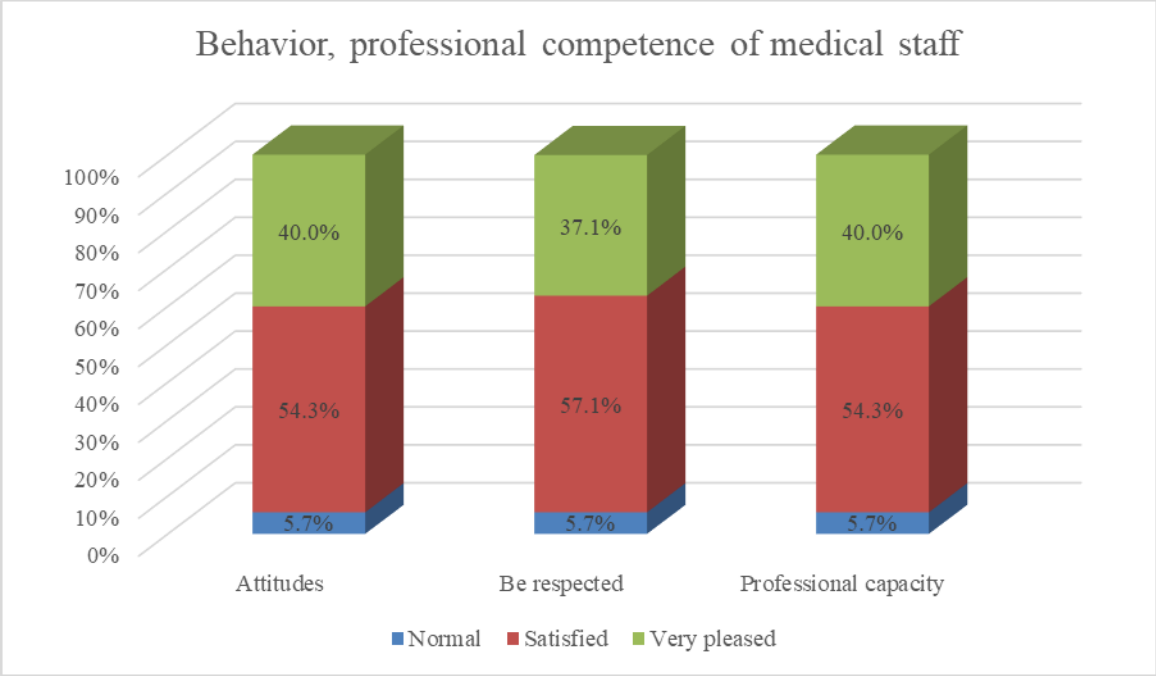

Figure 6. Percentages for behavior and professional competence of medical staff.

Service Delivery Results

In this section, study participants were asked to assess the delivery of services. Possible responses to each of the three questions were 1 = *Dissatisfied or Very Bad*, 2 = *Unsatisfied or Bad*, 3 = *Normal or Medium*, 4 = *Satisfied or Good*, or 5 = *Very Pleased or Very Good*. The results for Questions E1 through E3 of the survey are reported in Table 6 and Figure 7. All responses to the questions of this section were considered positive.

Table 6

Service Delivery Results

	N	*n*	%
E1. The results of the examination have met the expectation of he or she	35		
Normal or Medium		1	2.9
Satisfied or Good		20	57.1
Very Pleased or Very Good		14	40.0
E2. Assess the level of trust in the quality of medical services	35		
Satisfied or Good		20	57.1
Very Pleased or Very Good		15	42.9
E3. Assess the level of satisfaction with the price of medical services	35		
Normal or Medium		1	2.9
Satisfied or Good		19	54.3
Very Pleased or Very Good		15	42.9

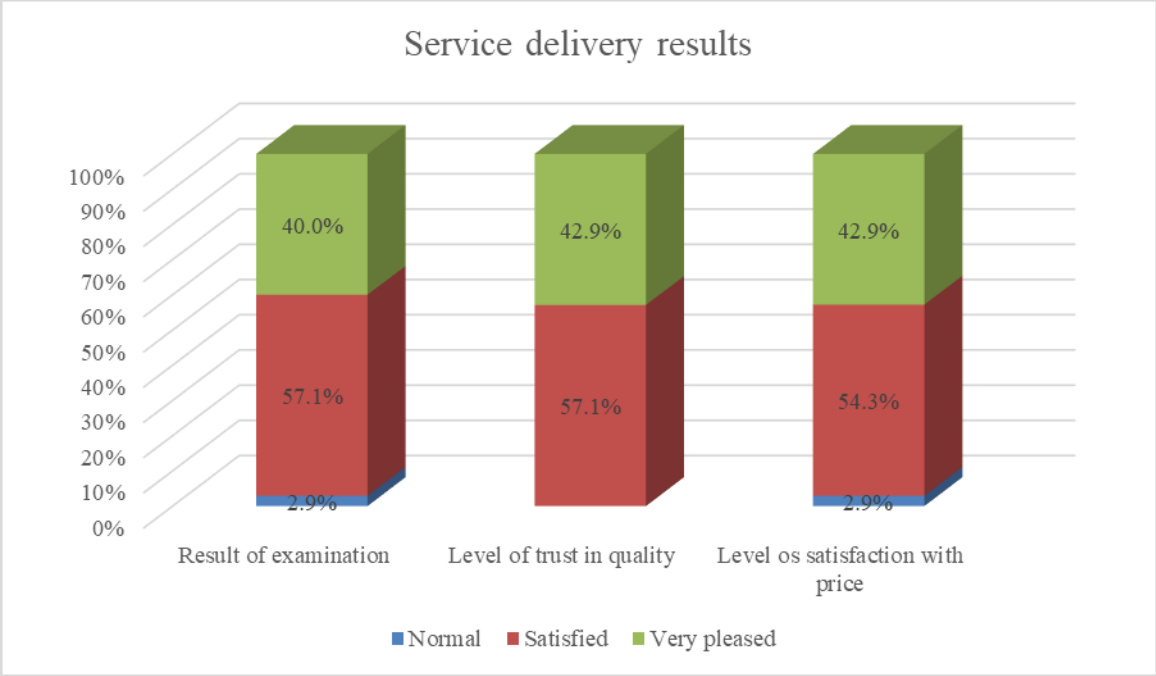

Figure 7. Percentages for service delivery.

General Survey Questions

The survey contained two generalized questions. Each of the 35 survey participants responded to each question. Question 1 of this section asked, "How much did the general hospital assessment meet the expectations (of the patient) before going to the hospital?" Patient responses to this question ranged from 60 to 100%. Fifteen respondents scored this section at 80% or below with 20 respondents scoring 90% or above. This finding was notable and is discussed in Chapter V. Table 7 demonstrates the percentages for these responses. Question 2 of this section asked, "If you have a medical need, will you come back or introduce others to this clinic?" Of the 35 survey participants, 34 or 97.1% of the survey respondents indicated they would definitely come back or recommend the clinic to others.

Table 7

Expectations of Patients

Expectations Met	*N*	*n*	%
60%		1	2.9
70%		5	14.3
75%		1	2.9
80%		8	22.9
90%		15	42.9
95%		1	2.9
100%		4	11.4
Total	35		100.0

Waiting Time

In this final section, three sets of data were collected through access to the hospital information system. The time when the patient completed the registration was considered to be T0 and waiting time was counted from the registration time until the beginning of the consultation with the doctor. Consultation times were measured from the beginning of the consultation until the end. Lastly, time was noted from the end of the consultation to the moment patients had their prescriptions. The mean time for waiting to see the doctor was 37 minutes, the mean time from a patient's registration until end of the consultation was 47 minutes, and the mean consultation time was 9.3 minutes. The longest time recorded for waiting to see a doctor and from registration until

completion was 83 minutes and 93 minutes, respectively. Detailed results are shown in Table 8 and Figure 8.

Table 8

Waiting Time of Patients

	N	*n*	%
Waiting time* <30 minutes	35	17	48
Waiting time *from 31-60 minutes		16	46
Waiting time* >60 minutes		2	5

* Waiting time: from the registration time until the beginning consultation with the doctor.

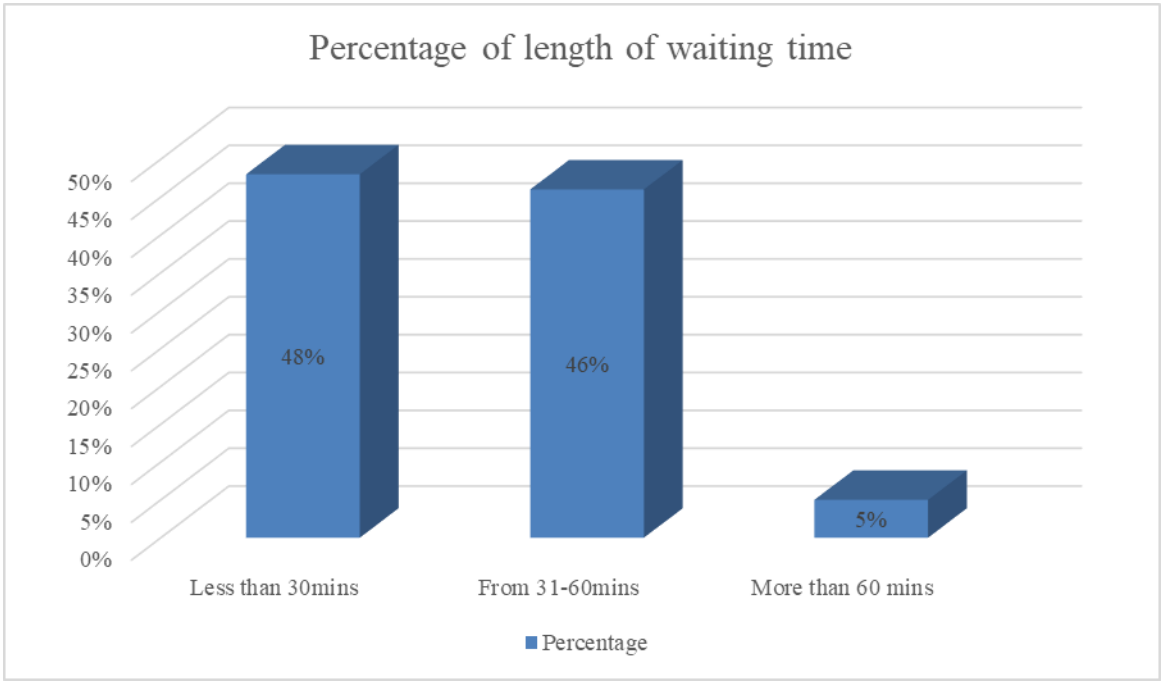

Figure 8. Length of waiting time.

CHAPTER V

DISCUSSION AND CONCLUSIONS

Discussion

The purpose of this study was to assess patient waiting time and patient satisfaction in an outpatient clinic at Tan Phu District Hospital, Ho Chi Minh City, Vietnam. The findings indicated the average waiting time from registration to preliminary diagnosis decreased from 362.2 minutes per patient in 2017 to 104.1 minutes.

Improving the quality of care, patient satisfaction, and reducing the waiting time for examination and treatment are goals the Ministry of Health (2018) has focused on in the last few years and these indexes have been monitored annually nation-wide. Recent reports of Vietnam's average patient satisfaction index (PSI) in 2018 from a survey conducted on more than 7,500 in-patients and their care givers showed the PSI had a positive improvement of 4.04/5 compared to 3.98/5 in 2017 (Khue, 2019). There was approval by 80.8% of patients in 2018 while approval was 79.6% in 2017 (Kiet, 2019).

The purpose of this non-experimental, exploratory field study was to assess the processes and outcomes of an outpatient clinic as they related to waiting times. Additionally, this study examined factors contributing to waiting times and associated factors (outcomes) that influenced patient satisfaction levels in the outpatient department in public hospitals at the district level. This research also had the purpose of providing recommendations for clinic structure by suggesting changes to the flow chart for health

checks in the future. The following major findings of this study go over the outcomes of the processes that currently exist in the study clinic setting. It is hoped these findings will assist with changes to the structure of the clinic to improve the processes with subsequent improvement in outcomes such as clinic wait times and patient satisfaction with clinic visits.

Major Findings

In this study, a majority of the participants appeared to be mostly satisfied, with several being very satisfied, with their care at Tan Phu District Hospital in the outpatient setting. In particular, 70% of participants rated transparency of information and procedures for medical examination and treatment at satisfied/good and very satisfied/very good for all services.

When participants were asked to assess the facilities that served them, similar results occurred; 70% of them rated the facilities at levels of satisfied/good and very pleased/very good. In terms of evaluating the behavior and professional competence of medical staff, more than 87% of participants rated the staff at levels of satisfied or good and very pleased or very good. For the overall service delivery result, a higher result (>90%) rated the level at satisfied/good and very pleased/very good.

Finally, when assessing whether their expectations were met at the hospital in general, 57.2% of the participants rated their expectations at 90% or above and more than 97% of them reported they would definitely come back or recommend the hospital to others.

In this study, waiting times to see the doctor were considered quite reasonable for walk-in patients at a public outpatient setting as 95% participants waited less than 60

minutes. A longer waiting time (104.1 minutes) was found in a similar study at another public hospital outpatient clinic at a national hospital in Vietnam (Nguyen et al., 2018).

The registration time was open throughout lunch time and the last registration was at around 15:30. The shortest waiting time was only five minutes and longest time was 16 times longer at 83 minutes. The first one (shortest time frame) fell into the group of participants who registered after 14:15; most of them had a waiting time of around 10 minutes. The longest time frame fell into the earlier group that registered from 13:00 to 14:00 and thus had most of the patients waiting for more than 30 minutes to see the doctor. The peak hour in the afternoon session normally starts right after lunch, which explained why waiting time was longer in this group. Similar findings in a study by Babalola et al. (2013) showed one of the three major factors linked with a long wait time was registration time.

The mean age of the participants was 61 years of age and none of them booked appointments via telephone or website. Suggested reasons for not booking through these methods were because they were not familiar with the internet or they might not have been in the habit of doing so. Since they came to hospital on a regular basis, procedures to reduce their waiting time should be applied such as the customer service staff discussing and showing them how to make a phone call for their next appointment and/or the doctor enclosing a reminder note for the next scheduled appointment with their prescriptions. However, this study only covered collected data in the afternoon session and might not be representative of the patient population at Tan Phu District Hospital. Future studies should expand to all days when evaluate waiting times throughout Tan Phu

District Hospital and at other district hospitals with the same levels of healthcare system in Vietnam.

Study Limitations

This study used the hospital information system (HIS) of automatic time recording for evaluating waiting time in some processes of outpatients at this district and public hospital in Vietnam. The limitations for this study were as follows. First, the number of study participants was limited to only 35 participants with the focus on outpatients who did not have any imaging or laboratory test orders; therefore, this number might not represent the entire patient population at Tan Phu District Hospital. However, the HIS was very helpful in terms of saving time for both medical staff and patients in data recording, reducing bias and mistakes if any, and helping to extract data and analyze it faster and easier. Secondly, this study was conducted at only one district level hospital and should not be used to generalize to the entire Vietnamese public health system as waiting times might be different among hospitals at different levels. However, other hospitals have the same over-crowding issue.

In conclusion, this study showed the mean waiting time was 37 minutes at the outpatient clinic of Tan Phu District Hospital. Early registration time in the afternoon and not having appointment prior to seeing the doctors were associated with a longer waiting time. Based on these results, introduction of an appointment system might be considered as a structural change in order to reduce waiting times.

Strengths of the Study

The strengths of this study were as follows. First, it used real-time patient waiting times in light of the time of day and if the patient had a clinic appointment. Additionally,

a pre-existing standard survey tool for the hospital/clinic system in Vietnam was used (MOH, 2018). This survey featured key areas of assessment including accessibility, transparency of information and procedures for medical examination and treatment, patient impressions of facilities to service patients, behavior and professional competence of medical staff, and service delivery results such as assessing the level of trust in the quality of the medical services and the level of satisfaction with the overall clinic experience.

Generalizability

Generalizability of the findings of this study was limited as this field study was not experimental and data were collected from only one clinic. However, this field study did demonstrate that a much larger study could be conducted not only to study one clinic in a more comprehensive manner but to also extend this to other similar clinics in the Vietnamese medical system. Additionally, the overall purpose of this study was to improve the quality of services through an assessment of the processes of a conveniently chosen clinic. This study would be replicable in other similar clinics.

Implications for Practice

Although this was an exploratory, non-experimental field study, the findings raised many questions about processes in clinics and their impact on patient satisfaction with the clinic experiences and services.

Recommendations for Research

This study should be repeated with a larger sample size to assess more closely the processes that impacted patient satisfaction with the medical services. From additional

studies, more data could be obtained to provide a foundation for future changes to clinic processes that influence clinic outcomes.

Conclusion

The first major finding of this study was a majority of the participants appeared to be mostly satisfied and several were very satisfied with their care at Tan Phu District Hospital in the outpatient setting. Among the five survey sections, the highest satisfaction was with the behavior and professional competence of medical staff; as a result, most of the participants indicated they would definitely come back or recommend the hospital to others.

Finally, waiting times to see the doctor were considered quite reasonable in this study at a public outpatient setting and because of this, the satisfaction of all participants was acknowledged. The results of this study will lay the ground work for further research.

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APPENDIX A

RESEARCH RESULTS

Author (Citation)	Questions, Variables, Objectives, Hypotheses	Design, Sample Setting	Findings	Notes: Appraisal Value for practice, Limitations, Instrument/Means of Collecting Data
1. A model of access combining triage with initial management reduced waiting time for community outpatient services: A stepped wedge cluster randomized controlled trial Authors: Harding et al. (2018)	- The objective identified a new way of care based on evidence that improved patient waiting time. - The hypotheses This trial aimed to determine whether a model of access that combines triage with initial management and allows supply to be responsive to demand fluctuations can be used to reduce waiting time across multiple community outpatient services.	Design: randomize controlled trial was processed in published trial protocol. Setting: population of more than 700,000 people in eastern metropolitan Melbourne, Australia.	The recognize of factors that affect waiting lists and intervention from service managers in community outpatient services.	Data collection was completed from October 2015 to March 2017 with 12 weeks pre-intervention control period and 4 weeks implementation in February 2016
2. Reducing waiting time and raising outpatient satisfaction in a Chinese public tertiary general hospital--An interrupted time series study. Authors: Sun et al. (2017)	-This study focused on the waiting times for consultations and filling prescriptions (Chinese health care system does not separate prescription from dispensing, hospitals run their own pharmacies to serve outpatients, and majority of outpatients fill prescriptions from the hospital pharmacies). The hypotheses Many interventions aiming to reduce waiting times for consultation, tests and filling prescriptions have been implemented in the Chinese public tertiary hospitals [20–22]. Few interventions were well-documented and intervention impact was rarely measured with robust method.	Design: Pearson correlation analysis was conducted to indicate the strength of association between waiting times and patient satisfactions. Setting: Around an average of 60,000 outpatients and 70,000 prescribed outpatients per month were targeted for the study during Oct 2014-February 2017.	There was a significant negative correlation between waiting time of filling prescriptions and outpatient satisfaction towards pharmacy services	The investigation was completed during 27 July-10 October 2015.

Author (Citation)	Questions, Variables, Objectives, Hypotheses	Design, Sample Setting	Findings	Notes: Appraisal Value for practice, Limitations, Instrument/Means of Collecting Data
3. Interventions to reduce wait times for primary care appointments: A systematic review. Authors: Ansell et al. (2017)	The primary objective of our study was to systematically review the literature to identify interventions designed to reduce wait times for primary care appointments. Secondary objectives were to assess patient satisfaction and reduction of no-show rates. The hypotheses Two independent reviewers assessed all identified studies for inclusion using pre-defined inclusion/exclusion criteria and a multi-level screening approach. Our study methods were guided by the Cochrane Handbook for Systematic Reviews of Interventions.	Design: reported quantitative data on wait times for primary care appointments, and compared intervention and nonintervention data Setting: We searched multiple databases, including: Medline via Ovid SP (1947 to present), Embase (from 1980 to present), Psych INFO (from 1806 to present), Cochrane Central Register of Controlled Trials (CENTRAL; all dates), Cumulative Index to Nursing and Allied Health (CINAHL; 1937 to present), and PubMed (all dates) to identify studies that reported outcomes associated with interventions designed to reduce wait times for primary care appointments	Our search identified 3,960 articles that were eligible for inclusion, eleven of which satisfied all inclusion/exclusion criteria Additionally, included studies demonstrated that dedicated telephone calls for follow-up consultation,	Having timely access to primary care has been shown to increase patient satisfaction as well as the quality of care delivered [5]. However, recent studies have demonstrated that access to family physicians in Canada is becoming increasingly difficult due to physician shortages and increasing rates of disability and chronic disease
4. 'Waiting for' and 'waiting in' public and private hospitals: A qualitative study of patient trust in South Australia. Authors: Ward et al. (2017)	The aim of this paper is to provide a deep understanding of the impact of waiting times on patient trust in public and private hospitals. The hypotheses How this compares between public and private hospitals, and the implications for trust in hospitals and healthcare professionals.	Design: Quantitative studies have documented waiting times for various types of surgery and longer waiting times in public vs private hospitals. Setting: including 36 in-depth interviews (18 from public and 18 from private hospitals). Data collection occurred in 2012–13, and data were analyzed using pre-coding, followed by conceptual and theoretical categorization.	Whilst 'waiting for' public hospitals was longer than private hospitals Establishing a trusting relationship with health-care representatives can help the person endure the wait for surgery more easily	Data collection occurred in 2012–13, and data were analyzed using pre-coding, followed by conceptual and theoretical categorization.

Author (Citation)	Questions, Variables, Objectives, Hypotheses	Design, Sample Setting	Findings	Notes: Appraisal Value for practice, Limitations, Instrument/Means of Collecting Data
5. Gastroenterologist and primary care perspectives on a post-endoscopy discharge policy: Impact on clinic wait times, provider satisfaction and provider workload. Authors: Selvig et al. (2018)	The objective of the current study is to assess: 1) Satisfaction of PCPs and gastroenterologists with the discharge process, 2) Perceived impact of the discharge policy on primary care and gastroenterologist workload, 3) Frequency of re-referrals to gastroenterology following discharge to primary care after endoscopy, and 4) Ongoing fidelity and impact of the intervention on clinic access 2 years after implementation. The hypotheses This study assesses the longer-term impact of this policy on GI clinic access, workflow, and provider satisfaction.	Design: The study protocol including the survey, chart review, and administrative data analysis was submitted to the UCSF Committee for Human Research (CHR) and was found to meet criteria for a quality improvement study exempt from full review (Reference number 147400). Survey data were collected anonymously and were not linked to respondent email addresses or identifying information. Setting: A survey of primary care providers (PCPs) and specialists from one academic medical center showed that for 16% of a sample of patients seen by specialists, both primary care and specialty providers agreed that the patient could be managed exclusively by the PCP.	Wait time for the third-next-available new outpatient GI clinic appointment had previously decreased from 158 days (2012, pre-intervention) to 74 days (2013, post-intervention). In 2015, wait time was 19 days ($p < 0.001$ for 2012 vs. 2015).	The process allowed PCPs and gastroenterologists to evaluate a number of clinical scenarios and achieve consensus for which patients could be safely discharged to primary care without planned gastroenterology follow-up This initial study did not assess primary care or gastroenterologist satisfaction with the process after its implementation, and did not measure possible downstream effects of the intervention, such as a concentration of more complex patients evaluated in gastroenterology clinic or the frequency of re-referrals to gastroenterology for patients discharged to primary care.

Author (Citation)	Questions, Variables, Objectives, Hypotheses	Design, Sample Setting	Findings	Notes: Appraisal Value for practice, Limitations, Instrument/Means of Collecting Data
6. Enhancing outpatient clinics management software by reducing patients' waiting time. Authors: Almomani & AlSerheed (2016)	The objective of study has addressed missing requirements of the current outpatient clinics management software and the reasons behind long wait times. The hypotheses This study focuses on the outpatient clinics in Saudi Arabia and the time it takes the patient to end her/his visit to the clinic.	Design: both quantitative and qualitative methods have been considered. Data collection, Fishbone analysis, interviews and survey methods have been used to study and analyze current systems in outpatient clinics. Setting: Interviews were arranged with the staff members, managers, and software users to determine the information collected within the planning, design, and implementing phases in order to feed the Fishbone analysis. Moreover, the appointment queue data for data analysis is extracted from outpatient clinics systems.	This research has identified some root causes of the problems affecting the patient flow based on Fishbone analysis.	Analytical and simulation experiments have shown a decrease in waiting time that reaches in some solutions 54.2%—consequently affecting patients' satisfaction and improving the quality of health care services in the Kingdom of Saudi Arabia. The application of the proposed solutions requires changes to the OMS components and increasing awareness among the medical staff and patients.
7. Intervention to reduce waiting times for elective procedures. Authors: Bailini et al, (2015)	-Questions: -Variables: -Objective: to assess in reducing waiting time during diagnostic and treatment through intervention -Hypothesis:	- Design: randomized controlled trials (RCTs), controlled before-and-after studies (CBAs) and interrupted time series (ITS) -Setting: 7 hospitals, 1 clinic and 135 GPs	-To use the grade for assessment all outcomes through evidence which including recommendation, assessment, development & evaluation. -Not founding the studies evaluating interventions to improve capacity or to ration demand Waiting time for outpatient physiotherapy was 22% lower in the year following the introduction of the STAT model.	-Value for practice: -Limitations: The effective of intervention in waiting time cannot confirm by some of lower quality studies. -Collecting data:8 studies (3 RCTs and 5 ITS studies) was chosen with 135 general practices in 1 and 7 hospital.

Author (Citation)	Questions, Variables, Objectives, Hypotheses	Design, Sample Setting	Findings	Notes: Appraisal Value for practice, Limitations, Instrument/Means of Collecting Data
8. Specific timely appointments for triage reduced waiting lists in an outpatient physiotherapy service. Authors: Harding and Bottrell (2016)	-Questions: Could an alternative model of access and triage reduce waiting times over a sustained period with no additional resources? -Variables: time of the appointment -Objective: reduce waiting times in outpatient physiotherapy -Hypothesis: Changing a new model for reducing waiting time with no additional resource	-Design: Observational study comparing retrospective	Waiting time for outpatient physiotherapy was 22% lower in the year following the introduction of the STAT model.	Data for 11 months prior to the introduction of a new model of access compared with data for the equivalent 11 months afterwards.
9. Toward implementing patient flow in a cancer treatment center to reduce patient waiting time and improve efficiency. Authors: Suss et al. (2017)	-Questions: can handoff of information, patient arrivals schedule improve waiting time and workload of clinical staff? -Variables: waiting time, appointment time -Objective: describes the system model and the key elements in the operation that lead to staff rework and patient queuing -Hypotheses: better planning of patient appointment times can reduce the level of variations of process times at each step	-Design: simulation model of the patient flow -Setting: at cancer treatment clinic in major metropolitan hospital in Montreal, Canada	waiting time and staff workload can be reduced by improving the handoff of information between clinical staff; Implementing new process steps can improve patient flow without increasing resource levels.	The proposals are in the process of implementation, therefore data has not been collected. This article does not consider the potential early or late arrival of patients and oncologists and the potential for earlier preparation of some medications

Author (Citation)	Questions, Variables, Objectives, Hypotheses	Design, Sample Setting	Findings	Notes: Appraisal Value for practice, Limitations, Instrument/Means of Collecting Data
10. Waiting times in primary care depending on insurance scheme in Germany. Authors: Ramos, Hoffmann, and Spreckelsen (2018)	-Questions: whether there are insurance scheme-dependent differences in waiting times and satisfaction with waiting times in primary care, and to identify predictors for excessive waiting times -Variables: The types of health insurance, income, educational attainment and occupational status -Objective: uncover possible differences in waiting times depending on health insurance scheme and to identify predictors for excessive waiting times in primary care -Hypotheses: type of insurance affect waiting time and satisfaction of patient	Design: use standard survey. The samples were drawn randomly from an access panel Setting: use logistics regression model	Barriers in access to the health care system affect a certain part of patients depending on insurance status, age and region of residence	data from the German Bertelsmann Foundation Health Care Monitor. Representative samples of the German population have been surveyed since 2001 Limitation: recall bias; the sample size was too small to generate robust results for the smaller health insurance funds
11, Association of waiting and consultation time with patient satisfaction: secondary data analysis of a national survey in Peruvian ambulatory care facilities. Authors: Alarcon-Ruiz, Heredia, and Taype-Rondan (2019)	This research aims to evaluate the association of waiting time and consultation time with patient satisfaction in Peruvian ambulatory care facilities and how to reduce the waiting time and consultation time based on patient satisfaction -Variables: The aim for this study was patient satisfaction. It was used the question and a secondary analysis of a public database	Study design The study protocol including a cross-sectional secondary data analysis of a public dataset from the National Survey on User Satisfaction of Health Services 2015 (ENSUSALUD-2015) to assess the users' perception about the care provided	Based on the research the waiting time was not related with overall patient satisfaction, even though the waiting time was 90 minutes and in 15 min of consultation time. Most the consultation time was directly associated with patient satisfaction	The surveys were completed between May and July 2015
12. Influence of the Manchester triage system on waiting time, treatment time, length of stay and patient satisfaction: A before and after study. Authors: Storm-Versloot, Vermeulen, vanLammeren, Luitsi, and Goslings (2014)	This research aims to compare the association between waiting time, treatment time, a length of stay and patient satisfaction: The level of waiting times in Dutch hospital emergency departments before and after Implementation of the Manchester Triage system.	Size of the sample is 1808 patients have been taken by using the questionnaires on satisfaction. The survey was covered aspects of the provision of information before and after the implementation of the Manchester Triage system.	Based on the research, after implementation the Manchester Triage system, the waiting time did not reduce moreover, the treatment time and length of stay were significantly prolonged.	The study was carried out in The Netherlands at a university teaching hospital with a Level 1 trauma center

Author (Citation)	Questions, Variables, Objectives, Hypotheses	Design, Sample Setting	Findings	Notes: Appraisal Value for practice, Limitations, Instrument/Means of Collecting Data
13. Patient satisfaction with services of the outpatient department. Authors: Mohd and Chakravarty (2014)	The study aimed to analyze and compare the level of satisfaction of patients attending the outpatient department hospital.	The study was completed within four months, and the study population consisted of 120 patients of the Indian Armed Forces, including their dependents.	Based on result of the study the satisfaction in the outpatient department was rated lower need to be addressed to the board of director of the hospital. There were significant differences in statistically about overall impression towards OPD services among the study groups have been identified.	The study was carried out in the Indian Armed Forces Hospital within four months,

APPENDIX B

INSTITUTIONAL REVIEW BOARD APPROVAL

UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

DATE:	May 30, 2019
TO:	Tien Dat Luu
FROM:	University of Northern Colorado (UNCO) IRB
PROJECT TITLE:	[1430506-2] Proposal: ASSOCIATIONS BETWEEN WAITING TIME AND PATIENT SATISFACTION LEVEL AT DISTRICT PUBLIC HOSPITALS IN HO CHI MINH CITY, VIETNAM
SUBMISSION TYPE:	Amendment/Modification
ACTION:	APPROVAL/VERIFICATION OF EXEMPT STATUS
DECISION DATE:	May 30, 2019
EXPIRATION DATE:	May 30, 2023

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

Dat Luu,

Thank you for submitting the requested revisions. The language in your informed consent was not correct. It needed to match the language you had revised in the narrative. I have revised the informed consent to include the correct "Participation is voluntary..." paragraph, remove the signature lines, remove repetitive and conflicting information, and correct a spelling error. I also moved the contact information to the top of the page so that the consent was on one page. I realize now, when you translate it, it may no longer fit on one page, but that is fine.

You must use the attached English informed consent and translate it for use with your participants.

Thank you and best of luck with your research!

Nicole Morse

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Nicole Morse at 970-351-1910 or nicole.morse@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.

APPENDIX C

FINAL QUESTIONNAIRE FOR MAIN SURVEY IN ENGLISH AND VIETNAMESE

MINISTRY OF HEALTH - BOOK FOR SURVEY CONSULTING OUTPATIENT DEPARTMENT

In order to improve the quality of medical examination and treatment, to satisfy the patients 'satisfaction, the Ministry of Health and the hospital organize surveys to learn about patients' aspirations. These valuable comments will help the health sector overcome difficulties and step by step improve the quality to serve the people better. The Ministry of Health ensures confidentiality of information and does not affect treatment. Thank you very much!

1. Name of hospital: …… 2. Date of filling the vote …… ..

PATIENT INFORMATION

A1.	Sex: 1. Male 2. Female	A2.	Age: .....
A3.	Estimate the distance from the place of residence to the hospital: ……..km		
A4.	Do you use your health insurance card for this visit? 1. Yes 2. No		

EVALUATION OF THE USE OF MEDICAL SERVICES

He / she marks a slash in a number from 1 to 5, corresponding to the level of satisfaction or comments from very poor to very good for each question below:

was: (1)	was: (2)	was (3)	was (4)	was: (5)
dissatisfaction	Unsatisfied	Normal	Satisfied	Very pleased
or: Very bad	or: Bad	or: Medium	or: Good	or: Very good

A. Accessibility		
A1.	Signs and directions to the hospital are clear, easy to see and easy to find.	(1) (2) (3) (4) (5)
A2.	Diagrams, signs showing directions to the departments and rooms in the hospital are clear, easy to understand and easy to find.	(1) (2) (3) (4) (5)
A3.	The blocks, stairs are numbered clearly, easy to find.	(1) (2) (3) (4) (5)
A4.	The pathways in the hospital, the corridor are flat, easy to go.	(1) (2) (3) (4) (5)
A5.	You can find out the information and register for examination by phone, the website of the hospital conveniently.	(1) (2) (3) (4) (5)
B. Transparency of information and procedures for medical examination and treatment		
B1.	The medical examination process is clearly, publicly and easily understood.	(1) (2) (3) (4) (5)
B2.	The process and procedures for medical examination are reformed simply and conveniently.	(1) (2) (3) (4) (5)
B3.	Clearly and publicly listed medical service prices.	(1) (2) (3) (4) (5)
B4.	The medical staff welcomed and instructed the patients to do the affable and devoted procedures.	(1) (2) (3) (4) (5)
B5.	Be lined up in advance order after completing the procedures of registration, payment, medical examination, examination and screening.	(1) (2) (3) (4) (5)

B6.	Evaluate the waiting time for examination registration procedures.	① ② ③ ④ ⑤
B7.	Evaluate waiting time for doctor's visit	① ② ③ ④ ⑤
B8.	Evaluate the time of examination and consultation by doctors.	① ② ③ ④ ⑤
B9.	Evaluate waiting time for testing, x-ray	① ② ③ ④ ⑤
B10.	Evaluation of waiting time for receiving test results, x-rays	① ② ③ ④ ⑤
C .Facilities to serve patients		
C1.	There is a room / lounge for a clean and airy examination in the summer; Airtight and warm in winter.	① ② ③ ④ ⑤
C2.	Be assured of privacy during medical examination, x-ray examination.	① ② ③ ④ ⑤
C3.	Toilet convenient, good use, clean.	① ② ③ ④ ⑤
C4.	Environment in the campus of the hospital is green, clean and beautiful.	① ② ③ ④ ⑤
D. Behavior, professional competence of medical staff		
D1.	Health workers have the right words, attitudes and communication	① ② ③ ④ ⑤
D2.	Be respected by medical staff, treat them fairly, care and help.	① ② ③ ④ ⑤
D3.	Professional capacity of doctors and nurses to meet expectations.	① ② ③ ④ ⑤
E. Service delivery results		
E1.	The results of the examination have met the expectation of he or she	① ② ③ ④ ⑤
E2.	Assess the level of trust in the quality of medical services.	① ② ③ ④ ⑤
E3.	Assess the level of satisfaction with the price of medical services.	① ② ③ ④ ⑤
F	How much did the general hospital assessment meet the expectations before going to the hospital? .....% (fill in the numbers from 0% to 100% or can fill in 100% if the hospital is treating well, exceeding your expectations)	.....%
G	If you have a medical need, do you come back or introduce others?	1. Definitely never come back 2. Don't want to go back but there are few other options 3. Maybe come back 4. Will definitely come back or recommend to others 5. Other (specify) ……

THANK YOU VERY MUCH!

BỘ Y TẾ
MẪU SỐ 3

PHIẾU KHẢO SÁT Ý KIẾN NGƯỜI BỆNH NGOẠI TRÚ

Nhằm mục tiêu nâng cao chất lượng khám, chữa bệnh, đáp ứng sự hài lòng người bệnh, Bộ Y tế và bệnh viện tổ chức khảo sát để tìm hiểu nguyện vọng người bệnh. Các ý kiến quý báu này sẽ giúp ngành y tế khắc phục khó khăn, từng bước cải tiến chất lượng để phục vụ người dân tốt hơn. Bộ Y tế bảo đảm giữ bí mật thông tin và không ảnh hưởng đến việc điều trị. Xin trân trọng cảm ơn!

1. Tên bệnh viện: …… 2. Ngày điền phiếu……..

THÔNG TIN NGƯỜI BỆNH

A1.	Giới tính: 1. Nam 2. Nữ	A2.	Tuổi: ……
A3.	Ước tính khoảng cách từ nơi sinh sống đến bệnh viện: ……km		
A4.	Ông/Bà có sử dụng thẻ BHYT cho lần khám bệnh này không? 1. Có 2. Không		

ĐÁNH GIÁ VIỆC SỬ DỤNG DỊCH VỤ Y TẾ

Ông/Bà đánh dấu gạch chéo vào **một số từ 1 đến 5,** tương ứng với **mức độ hài lòng hoặc nhận xét từ rất kém đến rất tốt** cho từng câu hỏi dưới đây:

① là:	② là:	③ là:	④ là:	⑤ là:
Rất không hài lòng *hoặc:* Rất kém	Không hài lòng *hoặc:* Kém	Bình thường *hoặc:* Trung bình	Hài lòng *hoặc:* Tốt	Rất hài lòng *hoặc:* Rất tốt

A. Khả năng tiếp cận		
A1.	Các biển báo, chỉ dẫn đường đến bệnh viện rõ ràng, dễ nhìn, dễ tìm.	① ② ③ ④ ⑤
A2.	Các sơ đồ, biển báo chỉ dẫn đường đến các khoa, phòng trong bệnh viện rõ ràng, dễ hiểu, dễ tìm.	① ② ③ ④ ⑤
A3.	Các khối nhà, cầu thang được đánh số rõ ràng, dễ tìm.	① ② ③ ④ ⑤
A4.	Các lối đi trong bệnh viện, hành lang bằng phẳng, dễ đi.	① ② ③ ④ ⑤
A5.	Có thể tìm hiểu các thông tin và đăng ký khám qua điện thoại, trang tin điện tử của bệnh viện (website) thuận tiện.	① ② ③ ④ ⑤
B. Sự minh bạch thông tin và thủ tục khám bệnh, điều trị		
B1.	Quy trình khám bệnh được niêm yết rõ ràng, công khai, dễ hiểu.	① ② ③ ④ ⑤
B2.	Các quy trình, thủ tục khám bệnh được cải cách đơn giản, thuận tiện.	① ② ③ ④ ⑤
B3.	Giá dịch vụ y tế niêm yết rõ ràng, công khai.	① ② ③ ④ ⑤
B4.	Nhân viên y tế tiếp đón, hướng dẫn người bệnh làm các thủ tục niềm nở, tận tình.	① ② ③ ④ ⑤
B5.	Được xếp hàng theo thứ tự trước sau khi làm các thủ tục đăng ký, nộp tiền, khám bệnh, xét nghiệm, chiếu chụp.	① ② ③ ④ ⑤
B6.	Đánh giá thời gian chờ đợi làm thủ tục đăng ký khám.	① ② ③ ④ ⑤
B7.	Đánh giá thời gian chờ tới lượt bác sỹ khám.	① ② ③ ④ ⑤

B8.	Đánh giá thời gian được bác sỹ khám và tư vấn.	① ② ③ ④ ⑤
B9.	Đánh giá thời gian chờ làm xét nghiệm, chiếu chụp.	① ② ③ ④ ⑤
B10.	Đánh giá thời gian chờ nhận kết quả xét nghiệm, chiếu chụp.	① ② ③ ④ ⑤
C. Cơ sở vật chất và phương tiện phục vụ người bệnh		
C1.	Có phòng/sảnh chờ khám sạch sẽ, thoáng mát vào mùa hè; kín gió và ấm áp vào mùa đông.	① ② ③ ④ ⑤
C2.	Phòng chờ có đủ ghế ngồi cho người bệnh và sử dụng tốt.	① ② ③ ④ ⑤
C3.	Phòng chờ có quạt (điều hòa) đầy đủ, hoạt động thường xuyên.	① ② ③ ④ ⑤
C4.	Phòng chờ có các phương tiện giúp người bệnh có tâm lý thoải mái như ti-vi, tranh ảnh, tờ rơi, nước uống...	① ② ③ ④ ⑤
C5.	Được bảo đảm sự riêng tư khi khám bệnh, chiếu chụp, làm thủ thuật.	① ② ③ ④ ⑤
C6.	Nhà vệ sinh thuận tiện, sử dụng tốt, sạch sẽ.	① ② ③ ④ ⑤
C7.	Môi trường trong khuôn viên bệnh viện xanh, sạch, đẹp.	① ② ③ ④ ⑤
C8.	Khu khám bệnh bảo đảm an ninh, trật tự, phòng ngừa trộm cắp cho người dân.	① ② ③ ④ ⑤
D. Thái độ ứng xử, năng lực chuyên môn của nhân viên y tế		
D1.	Nhân viên y tế (bác sỹ, điều dưỡng) có lời nói, thái độ, giao tiếp đúng mực.	① ② ③ ④ ⑤
D2.	Nhân viên phục vụ (hộ lý, bảo vệ, kế toán…) có lời nói, thái độ, giao tiếp đúng mực.	① ② ③ ④ ⑤
D3.	Được nhân viên y tế tôn trọng, đối xử công bằng, quan tâm, giúp đỡ.	① ② ③ ④ ⑤
D4.	Năng lực chuyên môn của bác sỹ, điều dưỡng đáp ứng mong đợi.	① ② ③ ④ ⑤
E. Kết quả cung cấp dịch vụ		
E1.	Kết quả khám bệnh đã đáp ứng được nguyện vọng của Ông/Bà.	① ② ③ ④ ⑤
E2.	Các hóa đơn, phiếu thu, đơn thuốc và kết quả khám bệnh được cung cấp đầy đủ, rõ ràng, minh bạch và được giải thích nếu có thắc mắc.	① ② ③ ④ ⑤
E3.	Đánh giá mức độ tin tưởng về chất lượng dịch vụ y tế.	① ② ③ ④ ⑤
E4.	Đánh giá mức độ hài lòng về giá cả dịch vụ y tế.	① ② ③ ④ ⑤
F	Đánh giá chung bệnh viện đã **đáp ứng được bao nhiêu % so với mong đợi** trước khi tới khám bệnh? *(điền số từ 0% đến 100% hoặc có thể điền trên 100% nếu bệnh viện điều trị tốt, vượt quá mong đợi của Ông/Bà)*	……..%
G	Nếu có nhu cầu khám bệnh, Ông/Bà có quay trở lại hoặc giới thiệu cho người khác đến không?	1. Chắc chắn không bao giờ quay lại 2. Không muốn quay lại nhưng có ít lựa chọn khác 3. Có thể sẽ quay lại 4. Chắc chắn sẽ quay lại hoặc giới thiệu cho người khác 5. Khác (ghi rõ)……

XIN TRÂN TRỌNG CẢM ƠN!

APPENDIX D

ETHICS BOARD APPROVAL—TAN PHU HOSPITAL AND HOSPITAL DIRECTOR

ĐẠI HỌC QUỐC TẾ HỒNG BÀNG
KHOA ĐIỀU DƯỠNG

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc

Tp. Hồ Chí Minh, ngày 28 tháng 1.năm 2019

GIẤY GIỚI THIỆU

THẠC SĨ ĐIỀU DƯỠNG LÀM ĐỀ TÀI NGHIÊN CỨU TẠI CƠ SỞ

Kính gửi: - Giám Đốc Bệnh Viện Tân Phú

- Phòng Điều Dưỡng Bệnh Viện Tân Phú

Trường Đại Học Quốc Tế Hồng Bàng đang liên kết đào tạo thạc sĩ với Đại Học Bắc Colorado (University of Northern Colorado), USA theo quyết định 50/QĐ-BGDĐT ký ngày 5/1/2017 của Bộ Giáo Dục và Đào Tạo. Chương trình đang bước vào học kỳ cuối, các sinh viên được hướng dẫn làm đề tài nghiên cứu và từng bước trải nghiệm từ việc chọn các đề tài thực tế, đến tổng quan tài liệu, lập kế hoạch thực hiện đến tiếp cận đối tượng nghiên cứu để thu thập dữ liệu cho việc phân tích đánh giá.

Với mối quan hệ hợp tác tốt giữa Trường Đại Học Quốc Tế Hồng Bàng với ban lãnh đạo và các khoa phòng của Bệnh Viện Tân Phú luôn tạo điều kiện cho sinh viên của trường được học tập và thực hành tối ưu. Nay, Trường Đại Học Quốc Tế Hồng Bàng xin giới thiệu hai sinh viên thạc sĩ được phép đến Bệnh viện để thu thập dữ liệu cho đề tài nghiên cứu sẽ được thực hiện trong tháng 2 năm 2019.

1. Lê Thị Minh Thư

Đề tài: Xác định khả năng và nhu cầu đào tạo về tự quản lý bệnh ở người bệnh đái tháo đường típ 2.

Phương pháp: Nghiên cứu mô tả cắt ngang - Cỡ mẫu: 33 đối tượng nghiên cứu là người bệnh đái tháo đường típ 2.

Công cụ: Bộ câu hỏi gồm 16 câu (Schmitt et al, 2013)

2. Lưu Tiến Đạt

Đề tài: Đánh giá sự hài lòng về thời gian chờ khám bệnh tại bệnh viện tuyến quận

Phương pháp: Nghiên cứu mô tả cắt ngang - Cỡ mẫu: 40 đối tượng nghiên cứu

Công cụ: Bộ phiếu khảo sát thời gian khám chữa bệnh

Trường Đại Học Quốc Tế Hồng Bàng mong nhận được sự đồng ý của Ban Giám đốc và Phòng Điều Dưỡng Bệnh Viện Tân Phú. Sinh viên sẽ cam kết việc tham gia nghiên cứu không ảnh hưởng đến sức khỏe hay việc điều trị của đối tượng nghiên cứu.

Xin trân trọng cảm ơn!

Đính kèm:

- *Bản tóm tắt đề tài nghiên cứu*
- *Bộ công cụ nghiên cứu*

HIỆU TRƯỞNG

TRƯỜNG ĐẠI HỌC QUỐC TẾ HỒNG BÀNG

PGS.TS. Hồ Thanh Phong

BS.CKI. Nguyễn Đức Minh

APPENDIX E

INFORMED CONSENT—NO SIGNATURE DOCUMENT IN ENGLISH AND VIETNAMESE

Institutional Review Board

INFORMED CONSENT-NO SIGNATURE DOCUMENT

Project Title: Associations between waiting time and patient satisfaction level at district public hospitals in Ho Chi Minh city, Vietnam
Student Researcher: Luu Tien Dat
Research Advisor: Kathleen N. Dunemn PhD, APRN, CNM, School of Nursing

Purpose: The purpose of this project is to assess the length of outpatient waiting time to identify factors contributing the long waiting time and towards patient's satisfaction level in outpatient department in public hospital at the district level, and to put up recommendations for developing the flow chart for health check in the future.
Objective: This project sets to
All responses will be kept confidential and anonymous. All questionnaires will be scanned into a password protected computer and then "shredded" (permanently destroyed. All study data and information will then be kept on a thumb drive in a locked drawer in a locked cabinet. There are no anticipated risks by participation in this survey. If you complete the survey, it will be assumed that you have communicated consent for your participation. You may keep this form for future reference.
Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Research, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Please give this informed consent and the completed questionnaire to the researcher (the one who gave you the form).

Committee Contact information:
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Participant
Questionnaire Number Assigned _____
Print Name _____
Sign Name _____

UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

THÔNG TIN ĐỒNG Ý- KHÔNG KÝ HIỆU TÀI LIỆU

Tên đề tài: Đánh giá sự hài lòng về thời gian chờ khám bệnh tại bệnh viện Tân Phú (tuyến quận)

Student Researcher: Luu Tien Dat

Research Advisor: Kathleen N. Dunemn PhD, APRN, CNM, School of Nursing

Mục đích:

Ngoài việc nâng cao chất lượng điều trị, trang thiết bị hiện đại, yếu tố quan trọng làm hài lòng người bệnh là giảm thời gian chờ đợi tại phòng khám ngoại trú Một vấn dề vô cùng nóng trong suốt nhiều năm trở lại dây là thực trạng bệnh nhân phải tiêu tốn khá nhiều thời gian cho việc khám bệnh . Đây cũng là vấn dề vô cùng nóng trong suốt nhiều nam trở lại dây là thực trạng người dân nước ta phải tiêu tốn khá nhiều thời gian cho việc khám bệnh. . Khảo sát tại một số bệnh viện Trung ương cho thấy, có rất nhiều người bệnh bức xúc vì thời gian chờ dợi dể dược sử dụng dịch vụ y tế quá dài, thủ tục nhập viện và thanh toán viện phí chậm, diều này làm ảnh huởng rất nhiều dến sự hài lòng của người bệnh

Mục tiêu: Đề tài được xây dựng để

Tất cả các câu trả lời sẽ được giữ bí mật và ẩn danh. Tất cả các câu hỏi sẽ được quét vào máy tính được bảo vệ bằng mật khẩu và sau đó bị cắt vụn (hủy vĩnh viễn). Tất cả dữ liệu và thông tin nghiên cứu sẽ được lưu giữ trên ổ đĩa được cất vào ngăn kéo trong tủ có khóa. Không có rủi ro nào dự đoán cho việc tham gia khảo sát này. Nếu bạn hoàn thành khảo sát, được xem như là bạn đồng ý tham gia. Bạn có thể giữ lại mẫu thông tin này để tham khảo cho tương lai.

Việc tham gia là tự nguyện. Bạn có thể quyết định không tham gia nghiên cứu này và nếu bạn bắt đầu tham gia, bạn vẫn có thể dừng và rời đi vào bất cứ thời điểm nào. Sự quyết định của bạn luôn được tôn trọng và không ảnh hưởng đến quyền lợi mà bạn đang có.

Vui lòng đọc và có thể hỏi bất kỳ câu hỏi nào, ký tên dưới đây nếu bạn tham gia vào nghiên cứu này. Một bản sao của giấy này sẽ được gửi bạn giữ tham khảo cho tương lai. Nếu bạn có bất kỳ mối quan tâm cho việc chọn lựa hay điều trị như một người tham gia nghiên cứu, vui lòng liên hệ Cơ Quan Nghiên Cứu, Kepner Hall, Trường Đại Học Northern Colorado Greeley, CO 80639; 970-351-1910.
Vui lòng cho thông tin đồng ý này và hoàn thành bảng câu hỏi nghiên cứu (người đưa bạn mẫu thông tin này)

Thông tin liên lạc của hội đồng:

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Người tham gia

Số câu hỏi chỉ định _____

Ghi tên _____

Ký tên _____